



State of Hawaii  
Department of Commerce and Consumer Affairs  
**Business Registration Division**  
335 Merchant Street, Room 201  
Mailing Address: P.O. Box 40, Honolulu, HI 96810  
Phone: (808) 586-2727  
Fax: (808) 586-2733  
Email: breg@dcc.hawaii.gov  
**BusinessRegistrations.com**

Nonrefundable Filing Fee:  
Foreign General Partnership: \$5.00  
Foreign Limited Partnership: \$10.00  
FLLLP: \$10.00

Personal or business checks are  
not accepted for this filing.

## APPLICATION FOR FOREIGN PARTNERSHIP WITHDRAWAL

(Sections 425-17, 425E-907, Hawaii Revised Statutes)

*PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. Attachments to this form may be used, if necessary.*

The undersigned, duly authorized individuals submitting this application, certify as follows:

1.	<b>The name of the Partnership is:</b>  <input type="text"/>
2.	<b>The partnership is a (select one):</b>  <input type="checkbox"/> Foreign General Partnership (F/\$5/B35) <input type="checkbox"/> Foreign Limited Partnership (F/\$10/B35) <input type="checkbox"/> Foreign Limited Liability Limited Partnership (F/\$10/B35)
3.	<b>The partnership was formed under the laws of:</b> <input type="text"/> (State, Province, or Country)
4.	<b>Select one of the following statements, as applicable.</b>  <input type="checkbox"/> <b>Publication was not made.</b>  <input type="checkbox"/> <b>The notice of intent to withdraw from the State of Hawaii was published on</b> (state the four publication dates):  <input type="text"/> , <input type="text"/> , <input type="text"/> , and <input type="text"/> (MM/DD/YYYY)  <b>in the</b> <input type="text"/> (Name of Publication/Newspaper)
5.	<b>The partnership is not transacting business and surrenders its authority to transact business in the State of Hawaii.</b>

6.	<p><b>All taxes, debts, obligations, and liabilities of the foreign partnership in the State of Hawaii have been paid and discharged or adequate provision has been made therefor.</b></p>		
7.	<p><b>The partnership revokes the authority of its registered agent in the State of Hawaii to accept service of process and consents that service of process in any action, suit, or proceeding based upon any cause of action arising in this State during the time the partnership was authorized to transact business in this State may hereafter be made on such partnership by service thereof on the Director of Commerce and Consumer Affairs.</b></p>		
8.	<p><b>The mailing address to which the Department Director may mail a copy of any process against the partnership that may be served on the Director is:</b></p> <p>Country  <input type="text"/></p> <p>Address (Number and Street)  <input type="text"/></p> <p>Address Line 2 (optional)  <input type="text"/></p> <p>City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/></p>		
9.	<p>(This item to be completed for foreign limited partnerships and foreign limited liability limited partnerships only.)</p> <p><b>The name and complete address of each general partner is:</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> <p><b><u>Partner #1</u></b> is (select one):</p> <p><input type="checkbox"/> An Entity            Entity Name: <input type="text"/></p> <p><input type="checkbox"/> An Individual            First Name <input type="text"/>            Last Name <input type="text"/></p> </td> <td style="width: 50%; padding: 5px;"> <p><b><u>Partner #2</u></b> is (select one):</p> <p><input type="checkbox"/> An Entity            Entity Name: <input type="text"/></p> <p><input type="checkbox"/> An Individual            First Name <input type="text"/>            Last Name <input type="text"/></p> </td> </tr> </table>	<p><b><u>Partner #1</u></b> is (select one):</p> <p><input type="checkbox"/> An Entity            Entity Name: <input type="text"/></p> <p><input type="checkbox"/> An Individual            First Name <input type="text"/>            Last Name <input type="text"/></p>	<p><b><u>Partner #2</u></b> is (select one):</p> <p><input type="checkbox"/> An Entity            Entity Name: <input type="text"/></p> <p><input type="checkbox"/> An Individual            First Name <input type="text"/>            Last Name <input type="text"/></p>
<p><b><u>Partner #1</u></b> is (select one):</p> <p><input type="checkbox"/> An Entity            Entity Name: <input type="text"/></p> <p><input type="checkbox"/> An Individual            First Name <input type="text"/>            Last Name <input type="text"/></p>	<p><b><u>Partner #2</u></b> is (select one):</p> <p><input type="checkbox"/> An Entity            Entity Name: <input type="text"/></p> <p><input type="checkbox"/> An Individual            First Name <input type="text"/>            Last Name <input type="text"/></p>		
	<p><i>Partner #1 information continued on next page.</i></p> <p><i>Partner #2 information continued on next page.</i></p>		

Partner #1 address:

Country

Address (Number and Street)

Address Line 2 (optional)

City

State

Zip Code

Partner #2 address:

Country

Address (Number and Street)

Address Line 2 (optional)

City

State

Zip Code

I/We, the undersigned, certify under the penalties of Sections 425-13, 425-172, 425E-208, Hawaii Revised Statutes, as applicable, that I/we have read the above statements, that I/we am/are authorized to make this change, and that the above statements are true and correct to the best of my/our knowledge and belief.

Signed this  day of ,

Type/Print Entity Partner Name

OR

Type/Print Individual Partner's First Name

Last Name

Type/Print name and office title, capacity in which person signs.

Signature

Type/Print Entity Partner Name

OR

Type/Print Individual Partner's First Name

Last Name

Type/Print name and office title, capacity in which person signs.

Signature

The application must be signed and certified by at least one general partner. See instructions on next page.

## INSTRUCTIONS FOR PREPARING AND FILING AN APPLICATION FOR FOREIGN PARTNERSHIP WITHDRAWAL

Section [425-17](#), [425E-907](#), Hawaii Revised Statutes (HRS)

Application must be typewritten or printed in **black ink** and must be **legible**. Attachments may be used, if necessary, and must be typed or printed in **black ink** on 8.5" x 11" white bond paper, single-sided. The application must be signed and certified by at least general partner. All signatures must be in **black ink**. Submit application together with the appropriate fee(s).

- Item 1. State the full name of the partnership.
- Item 2. Indicate whether the partnership is a foreign general partnership, a foreign limited partnership, or a foreign limited liability limited partnership.
- Item 3. State the jurisdiction (state, province, or country) under whose law the partnership was formed.
- Item 4. Select one of the statements to indicate whether the notice of intent to withdraw was published.  
**DO NOT SELECT BOTH.**  
If the notice was published, it must be published at least once in each of four successive weeks (four publications) in a daily or weekly publication of statewide circulation or in separate daily or weekly publications whose combined circulation is statewide. Provide the four dates of publication (MM/DD/YYYY) and the name of the publication/newspaper. Refer to Sections [425-17](#) or [425E-907](#), HRS for more information.
- Item 5. (Prefilled, required statement.) The partnership is not transacting business and surrenders its authority to transact business in the State of Hawaii.
- Item 6. (Prefilled, required statement.) All taxes, debts, obligations, and liabilities of the foreign partnership in Hawaii have been paid and discharged or adequate provision has been made therefor.
- Item 7. (Prefilled, required statement.) The partnership revokes the authority of its registered agent in the State of Hawaii to accept service of process and consents that service of process in any action, suit, or proceeding based upon any cause of action arising in this State during the time the partnership was authorized to transact business in this State may hereafter be made on such partnership by service thereof on the Director of Commerce and Consumer Affairs.
- Item 8. State the mailing address to which the Department Director may mail a copy of any process against the partnership that may be served on the Director.
- Item 9. This item is only to be completed for the withdrawal of a **foreign limited partnership** or **foreign limited liability limited partnership** only.  
  
State the name and complete address of each general partner. Attachments may be used, if necessary, and must be typed or printed in **black ink** on 8.5" x 11" white bond paper, single-sided.

**Filing Fees:** The fee for filing the Application for Foreign Partnership Withdrawal is not refundable, as follows:

Foreign General Partnership: **\$5.00**

Foreign Limited Partnership: **\$10.00**

Foreign Limited Liability Limited Partnership: **\$10.00**

**Personal or business checks are not accepted for this filing.** Payment made by Cash, Certified/Cashier's Check, Bank/Postal Money Order, or Credit Card (VISA, MasterCard, Discover, Diners Club, or JCB) are accepted. Make checks payable to DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS.

---

For any questions, call (808) 586-2727 or email [breg@dcca.hawaii.gov](mailto:breg@dcca.hawaii.gov).

**NOTICE: THIS MATERIAL CAN BE MADE AVAILABLE FOR INDIVIDUALS WITH SPECIAL NEEDS. PLEASE CALL THE BUSINESS REGISTRATION DIVISION SECRETARY AT (808) 586-2744 TO SUBMIT YOUR REQUEST.**

**ALL BUSINESS REGISTRATION FILINGS ARE OPEN TO PUBLIC INSPECTION. (SECTION [92F-11](#), HRS)**